

SAVANNAH RIVER SITE

SANITARY SEWAGE DISPOSAL RECORD

VENDOR: _____

DATE: _____

ADDRESS: _____

TELEPHONE: _____

SRS ACCOUNTS SERVED

1. _____
2. _____
3. _____
4. _____
5. _____

TOTAL: _____

DISPOSAL FACILITY (CIRCLE ONE)

HORSECREEK / AUGUSTA

DATE OF DISPOSAL: _____

TIME OF DISPOSAL: _____AM/PM

TREATMENT PLANT FACILITY

REPRESENTATIVE SIGNATURE: _____

VENDOR REPRESENTATIVE SIGNATURE: _____

NOTE: SANITARY, SEPTIC AND PORT-O-LET SEWAGE MUST BE DISPOSED OF IN AN APPROVED WASTE WATER TREATMENT FACILITY.

TO BE COMPLETED BY SAVANAH RIVER REMEDIATION LLC

SRR: _____

ORGANIZATIONS: _____

DATE RECEIVED: _____